



12-08-05

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| First Named |  |
| Inventor    | : Melvin Lee Jacobson                                  |
| Appln. No.  | : 10/764,224   |
| Filed       | : January 22, 2004                                     |
| Title       | : DEVICE AND METHOD FOR REMOVING<br>PESTS FROM SURFACE |
| Docket No.  | : J274.12-0001   |

Group Art Unit: 3643  
Examiner:  
Rowan, Kurt C.

## EXPRESS MAIL COVER SHEET

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Respectfully submitted,

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Date: 12/7/05

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|  <p><b>O P R E E T R A N S M I T T A L</b></p> <p>DEC 07 2005<br/>855</p> <p>PATENT &amp; TRADEMARK OFFICE</p>   |                      | <i>Complete if Known</i> |                         |  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
|---|----------------------|--------------------------|-------------------------|--|-----------|------------|------------|--|-------------|--|-----------|--|-----|-------|-----|-------|-----|-------|---------|-----|-------|-----|-------|-----|-------|---|--------|-----|-------|-----|------|-----|------|---|---------|-----|-------|-----|-------|-----|-------|---|-------------|-----|-------|-----|-------|-----|-------|---|--|----------------------|--|--|--|--|--|---------------|---------|-------|-------------------------|-------|---|---|---|--------|---|---|---|---------------------------|-------|--|--|-----------------------|----------|-----------------------|----------|-------------|------|----|------|----|------------------------|------|-----|------|-----|-----------------------------------|------|-----|------|-----|--------------------------|------|-----|------|-----|---|------|----|------|----|---|---|--|--|--|-----------------------|----------|-----------------------|----------|-----------------|----------|------|-----|------|----|-------------------------------------|---|------|----|------|----|--|---|------|-----|------|-----|---------------------------|---|------|-------|------|-------|--|---|------|-----|------|----|--|---|------|-----|------|-----|---|---|------|-------|------|-----|--|---|------|-------|------|-----|---|---|------|-------|------|-------|--|---|------|-----|------|-----|--|---|------|-------|------|-----|--------------------------|---|------|-----|------|----|-------------------------|---|------|-----|------|-----|----------------------------------|---|------|-------|------|-----|------------------------------------|---|------|-------|------|-----|---------------------------|---|------|-----|------|-----|------------------|---|------|-----|------|-----|-------------------------------|---|------|----|------|----|---|---|------|-----|------|-----|--|---|------|----|------|----|--|---|------|-----|------|-----|---|---|---------------------------|--|--|--|----------------------|--|
|   |                      | Application No.          |                         | 10/764,224   |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
|   |                      | Filing Date              |                         | January 22, 2004   |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
|   |                      | First Named Inventor     |                         | Melvin Lee Jacobson  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
|   |                      | Group Art Unit           |                         | 3643   |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
|   |                      | Examiner Name            |                         | Rowan, Kurt C.   |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Atty. Docket Number   |                      | J274.12-0001             |                         |  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Total Amount of Payment \$00.00   |                      |                          |                         |  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| <b>METHOD OF PAYMENT (Check One)</b> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. 1.16 and 1.17 and credit any over payments to Deposit Account <u>No.11-0982</u>. Deposit Account Name: Kinney &amp; Lange, P.A. A duplicate copy of this communication is enclosed.</p> <p>2. <input type="checkbox"/> Check Enclosed</p>  |                      |                          |                         |  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| <b>FEE CALCULATION</b> <p><b>1. BASIC FILING FEE</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Appn. Type</th> <th colspan="2">FILING FEE</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAM FEES</th> </tr> <tr> <th>Fee</th> <th>Small</th> <th>Fee</th> <th>Small</th> <th>Fee</th> <th>Small</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>/ 150</td> <td>500</td> <td>/ 250</td> <td>200</td> <td>/ 100</td> <td>—</td> </tr> <tr> <td>Design</td> <td>200</td> <td>/ 100</td> <td>100</td> <td>/ 50</td> <td>130</td> <td>/ 65</td> <td>—</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>/ 150</td> <td>500</td> <td>/ 250</td> <td>600</td> <td>/ 300</td> <td>—</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>/ 100</td> <td>-0-</td> <td>/ -0-</td> <td>-0-</td> <td>/ -0-</td> <td>—</td> </tr> <tr> <td></td> <td colspan="6">Subtotal (1) \$00.00</td> </tr> </tbody> </table> <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Number Claims</th> <th>Prior**</th> <th>Extra</th> <th>Fee from Fee Paid Below</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>*</td> <td>-</td> <td>*</td> </tr> <tr> <td>Indep.</td> <td>*</td> <td>-</td> <td>*</td> </tr> <tr> <td>Multiple Dependent Claims</td> <td colspan="3">* = *</td> </tr> </tbody> </table> <p>**Insert 3 and 20, or number previously paid if greater; Reissue see below</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>360</td> <td>2203</td> <td>180</td> <td>Multiple Dependent Claim</td> </tr> <tr> <td>1204</td> <td>200</td> <td>2204</td> <td>100</td> <td>Reissue Independent Claims Over Original Patent</td> </tr> <tr> <td>1205</td> <td>50</td> <td>2205</td> <td>25</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> <p><b>3. APPLICATION SIZE FEE</b></p> <p>If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 small) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 C.F.R. 1.16(s). <u>\$00.00</u></p> <p>Subtotal (2) \$00.00</p> |                      |                          |                         |  |           | Appn. Type | FILING FEE |  | SEARCH FEES |  | EXAM FEES |  | Fee | Small | Fee | Small | Fee | Small | Utility | 300 | / 150 | 500 | / 250 | 200 | / 100 | — | Design | 200 | / 100 | 100 | / 50 | 130 | / 65 | — | Reissue | 300 | / 150 | 500 | / 250 | 600 | / 300 | — | Provisional | 200 | / 100 | -0- | / -0- | -0- | / -0- | — |  | Subtotal (1) \$00.00 |  |  |  |  |  | Number Claims | Prior** | Extra | Fee from Fee Paid Below | Total | * | - | * | Indep. | * | - | * | Multiple Dependent Claims | * = * |  |  | Large Entity Fee Code | Fee (\$) | Small Entity Fee Code | Fee (\$) | Description | 1202 | 50 | 2202 | 25 | Claims in excess of 20 | 1201 | 200 | 2201 | 100 | Independent claims in excess of 3 | 1203 | 360 | 2203 | 180 | Multiple Dependent Claim | 1204 | 200 | 2204 | 100 | Reissue Independent Claims Over Original Patent | 1205 | 50 | 2205 | 25 | Reissue claims in excess of 20 and over original patent | <b>FEE CALCULATION (Continued)</b> <p><b>3. ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2051</td> <td>65</td> <td>Surcharge - Late filing fee or oath</td> <td>*</td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td>*</td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td>*</td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For Filing a Request for Reexamination</td> <td>*</td> </tr> <tr> <td>1251</td> <td>120</td> <td>2251</td> <td>60</td> <td>Extension for reply within first month</td> <td>*</td> </tr> <tr> <td>1252</td> <td>450</td> <td>2252</td> <td>225</td> <td>Extension for reply within second month</td> <td>*</td> </tr> <tr> <td>1253</td> <td>1,020</td> <td>2253</td> <td>510</td> <td>Extension for reply within third month</td> <td>*</td> </tr> <tr> <td>1254</td> <td>1,590</td> <td>2254</td> <td>795</td> <td>Extension for reply within fourth month</td> <td>*</td> </tr> <tr> <td>1255</td> <td>2,160</td> <td>2255</td> <td>1,080</td> <td>Extension for reply within fifth month</td> <td>*</td> </tr> <tr> <td>1402</td> <td>500</td> <td>2402</td> <td>250</td> <td>Filing a brief in support of an appeal</td> <td>*</td> </tr> <tr> <td>1403</td> <td>1,000</td> <td>2403</td> <td>500</td> <td>Request for oral hearing</td> <td>*</td> </tr> <tr> <td>1814</td> <td>130</td> <td>2814</td> <td>65</td> <td>Terminal Disclaimer Fee</td> <td>*</td> </tr> <tr> <td>1452</td> <td>500</td> <td>2452</td> <td>250</td> <td>Petition to revive - unavoidable</td> <td>*</td> </tr> <tr> <td>1453</td> <td>1,500</td> <td>2453</td> <td>750</td> <td>Petition to revive - unintentional</td> <td>*</td> </tr> <tr> <td>1501</td> <td>1,400</td> <td>2501</td> <td>700</td> <td>Utility/Reissue issue fee</td> <td>*</td> </tr> <tr> <td>1502</td> <td>800</td> <td>2502</td> <td>400</td> <td>Design issue fee</td> <td>*</td> </tr> <tr> <td>1460</td> <td>130</td> <td>1460</td> <td>130</td> <td>Petitions to the Commissioner</td> <td>*</td> </tr> <tr> <td>1807</td> <td>50</td> <td>1807</td> <td>50</td> <td>Petitions related to provisional applications</td> <td>*</td> </tr> <tr> <td>1806</td> <td>180</td> <td>1806</td> <td>180</td> <td>Submission of Information Disclosure Statement</td> <td>*</td> </tr> <tr> <td>8021</td> <td>40</td> <td>8021</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>*</td> </tr> <tr> <td>1801</td> <td>790</td> <td>2801</td> <td>395</td> <td>Request for Continued Examination (RCE)</td> <td>*</td> </tr> <tr> <td colspan="4">Other fee (specify) _____</td> <td colspan="2">Subtotal (3) \$00.00</td> </tr> </tbody> </table> |  |  |  | Large Entity Fee Code | Fee (\$) | Small Entity Fee Code | Fee (\$) | Fee Description | Fee paid | 1051 | 130 | 2051 | 65 | Surcharge - Late filing fee or oath | * | 1052 | 50 | 2052 | 25 | Surcharge - late provisional filing fee or cover sheet | * | 1053 | 130 | 1053 | 130 | Non-English specification | * | 1812 | 2,520 | 1812 | 2,520 | For Filing a Request for Reexamination | * | 1251 | 120 | 2251 | 60 | Extension for reply within first month | * | 1252 | 450 | 2252 | 225 | Extension for reply within second month | * | 1253 | 1,020 | 2253 | 510 | Extension for reply within third month | * | 1254 | 1,590 | 2254 | 795 | Extension for reply within fourth month | * | 1255 | 2,160 | 2255 | 1,080 | Extension for reply within fifth month | * | 1402 | 500 | 2402 | 250 | Filing a brief in support of an appeal | * | 1403 | 1,000 | 2403 | 500 | Request for oral hearing | * | 1814 | 130 | 2814 | 65 | Terminal Disclaimer Fee | * | 1452 | 500 | 2452 | 250 | Petition to revive - unavoidable | * | 1453 | 1,500 | 2453 | 750 | Petition to revive - unintentional | * | 1501 | 1,400 | 2501 | 700 | Utility/Reissue issue fee | * | 1502 | 800 | 2502 | 400 | Design issue fee | * | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | * | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications | * | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Statement | * | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | * | 1801 | 790 | 2801 | 395 | Request for Continued Examination (RCE) | * | Other fee (specify) _____ |  |  |  | Subtotal (3) \$00.00 |  |
| Appn. Type  | FILING FEE           |                          | SEARCH FEES             |  | EXAM FEES |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
|   | Fee                  | Small                    | Fee                     | Small  | Fee       | Small      |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Utility   | 300                  | / 150                    | 500                     | / 250  | 200       | / 100      | —          |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Design  | 200                  | / 100                    | 100                     | / 50   | 130       | / 65       | —          |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Reissue   | 300                  | / 150                    | 500                     | / 250  | 600       | / 300      | —          |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Provisional   | 200                  | / 100                    | -0-                     | / -0-  | -0-       | / -0-      | —          |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
|   | Subtotal (1) \$00.00 |                          |                         |  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Number Claims   | Prior**              | Extra                    | Fee from Fee Paid Below |  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Total   | *                    | -                        | *                       |  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Indep.  | *                    | -                        | *                       |  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Multiple Dependent Claims   | * = *                |                          |                         |  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Large Entity Fee Code   | Fee (\$)             | Small Entity Fee Code    | Fee (\$)                | Description  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1202  | 50                   | 2202                     | 25                      | Claims in excess of 20   |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1201  | 200                  | 2201                     | 100                     | Independent claims in excess of 3  |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1203  | 360                  | 2203                     | 180                     | Multiple Dependent Claim   |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1204  | 200                  | 2204                     | 100                     | Reissue Independent Claims Over Original Patent                            |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1205  | 50                   | 2205                     | 25                      | Reissue claims in excess of 20 and over original patent                    |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Large Entity Fee Code   | Fee (\$)             | Small Entity Fee Code    | Fee (\$)                | Fee Description  | Fee paid  |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1051  | 130                  | 2051                     | 65                      | Surcharge - Late filing fee or oath  | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1052  | 50                   | 2052                     | 25                      | Surcharge - late provisional filing fee or cover sheet                     | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1053  | 130                  | 1053                     | 130                     | Non-English specification  | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1812  | 2,520                | 1812                     | 2,520                   | For Filing a Request for Reexamination                                     | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1251  | 120                  | 2251                     | 60                      | Extension for reply within first month                                     | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1252  | 450                  | 2252                     | 225                     | Extension for reply within second month                                    | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1253  | 1,020                | 2253                     | 510                     | Extension for reply within third month                                     | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1254  | 1,590                | 2254                     | 795                     | Extension for reply within fourth month                                    | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1255  | 2,160                | 2255                     | 1,080                   | Extension for reply within fifth month                                     | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1402  | 500                  | 2402                     | 250                     | Filing a brief in support of an appeal                                     | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1403  | 1,000                | 2403                     | 500                     | Request for oral hearing   | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1814  | 130                  | 2814                     | 65                      | Terminal Disclaimer Fee  | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1452  | 500                  | 2452                     | 250                     | Petition to revive - unavoidable   | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1453  | 1,500                | 2453                     | 750                     | Petition to revive - unintentional   | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1501  | 1,400                | 2501                     | 700                     | Utility/Reissue issue fee  | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1502  | 800                  | 2502                     | 400                     | Design issue fee   | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1460  | 130                  | 1460                     | 130                     | Petitions to the Commissioner  | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1807  | 50                   | 1807                     | 50                      | Petitions related to provisional applications                              | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1806  | 180                  | 1806                     | 180                     | Submission of Information Disclosure Statement                             | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 8021  | 40                   | 8021                     | 40                      | Recording each patent assignment per property (times number of properties) | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| 1801  | 790                  | 2801                     | 395                     | Request for Continued Examination (RCE)                                    | *         |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |
| Other fee (specify) _____   |                      |                          |                         | Subtotal (3) \$00.00   |           |            |            |  |             |  |           |  |     |       |     |       |     |       |         |     |       |     |       |     |       |   |        |     |       |     |      |     |      |   |         |     |       |     |       |     |       |   |             |     |       |     |       |     |       |   |  |                      |  |  |  |  |  |               |         |       |                         |       |   |   |   |        |   |   |   |                           |       |  |  |                       |          |                       |          |             |      |    |      |    |                        |      |     |      |     |                                   |      |     |      |     |                          |      |     |      |     |   |      |    |      |    |   |   |  |  |  |                       |          |                       |          |                 |          |      |     |      |    |                                     |   |      |    |      |    |  |   |      |     |      |     |                           |   |      |       |      |       |  |   |      |     |      |    |  |   |      |     |      |     |   |   |      |       |      |     |  |   |      |       |      |     |   |   |      |       |      |       |  |   |      |     |      |     |  |   |      |       |      |     |                          |   |      |     |      |    |                         |   |      |     |      |     |                                  |   |      |       |      |     |                                    |   |      |       |      |     |                           |   |      |     |      |     |                  |   |      |     |      |     |                               |   |      |    |      |    |   |   |      |     |      |     |  |   |      |    |      |    |  |   |      |     |      |     |   |   |                           |  |  |  |                      |  |

Signature David R. Fairbairn  
David R. Fairbairn

Reg. No. 26,047

Date 12/7/05

Deposit Account No. 11-0982



RESPONSE UNDER 37 CFR 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 3600

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

|             |  |
|-------------|--|
| First Named |  |
| Inventor    | : Melvin Lee Jacobson                                  |
| Appln. No.  | : 10/764,224   |
| Filed       | : January 22, 2004                                     |
| Title       | : DEVICE AND METHOD FOR REMOVING<br>PESTS FROM SURFACE |
| Docket No.  | : J274.12-0001   |

Group Art Unit: 3643

Examiner: Rowan, Kurt C.

**AMENDMENT AFTER FINAL**

Mail Stop AF  
Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SENT VIA EXPRESS MAIL**  
Express Mail No.: EV 654429620 US

This is in response to the Office Action mailed on October 7, 2005. Please amend the above-identified application as follows: